



Journal Homepage: - www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI: 10.21474/IJAR01/16360

DOI URL: <http://dx.doi.org/10.21474/IJAR01/16360>



RESEARCH ARTICLE

INCIDENCE, RISK FACTORS AND FETOMATERNAL OUTCOME IN ABRUPTIO PLACENTA

Dr. Yenugudhati Ramya Satya Pavani Devi and Dr. Vaddadi Adi Lakshmi

Manuscript Info

Manuscript History

Received: 31 December 2022

Final Accepted: 31 January 2023

Published: February 2023

Abstract

Abruptio placenta is defined as placental detachment before and during delivery. It remains a major cause of maternal and perinatal morbidity and mortality in developing countries. Over 50% of all perinatal deaths attributed to abruptio placenta are accompanied by premature delivery. In addition, it accounts for 20-25% of antepartum hemorrhage, increased risk of DIC, maternal shock, renal failure, PPH, and maternal death. This study aimed to determine the incidence, risk factors, and fetomaternal outcome in abruptio placenta.

Copy Right, IJAR, 2023. All rights reserved.

Introduction:-

1. Placental abruption is the most common cause of antepartum hemorrhage and is defined as premature separation of normally implanted placenta.
2. Placental abruption occurs when there is compromise of vascular structures supporting the placenta.
3. It is a major cause of maternal and perinatal morbidity and mortality.
4. Risk factors include smoking, Hypertension, multifetal pregnancy, hydramnios, placental abruption in prior pregnancy.
5. Maternal complications include hemorrhagic shock, DIC, renal failure, ischemic necrosis of distal organs.
6. Fetal complications like hypoxia, anemia, FGR, prematurity, fetal death.

Aims And Objectives:-

1. To study the incidence of abruptio placenta.
2. To study the risk factors of abruptio placenta.
3. To analyse maternal outcome in the form of maternal morbidity and mortality.
4. To study perinatal outcome in the form of morbidity and mortality.

Methods:-

1. The retrospective observational study was carried out at Andhra medical college, King George Hospital, Visakhapatnam, which has 6400 deliveries per year.
2. The study was carried out for a period of one year from July 2021 to June 2022.
3. The study population included all cases presenting with antepartum hemorrhage to the department of OBG during the study period.
4. Subjects selected for the study were all cases diagnosed as having abruptio placenta.
5. All other causes of APH like placenta previa and extraplacental causes were excluded.
6. All study subjects underwent a complete obstetrical clinical workup including history, general physical examination, abdominal and pelvic examination, laboratory tests, and imaging were performed.
7. Patients were managed according to maternal and fetal condition.

8. Any maternal and/or fetal complications were noted and recorded.

Results:-

Total cases during study period are 80

1) Age

Age	No. Of cases(80)	Percentage
<20yrs	8	10%
20-25	28	35%
26-30	30	37.5%
>30yrs	14	17.5%

1. Most of the abruptio cases are between 26 to 30 yrs
2. Next m.c age group is 20-25yrs
3. Least incidence is <20yrs

2) Parity

Parity	No. Of cases	Percentage
Primi	16	20%
2 nd gravida	22	27.5%
3 rd gravida	20	25%
4 th gravida	10	12.5%
Grand multipara	12	15%

1. Maximumno.of abruptio cases were 2nd gravida
2. Incidence of abruption was high in multiparous women and seen in term pregnancy.

3) Risk Factors

Risk factors	No.of cases	Percentage
PIH	14	17.5%
Multifetal pregnancy	12	15%
PPROM	11	13.75%
Diabetes	12	15%
Postcs	8	10%
Hydramnios	11	13.75%
Unexplained	8	10%
Past history of APH	4	5%

1. In the present study,PIHmost common risk factor.
2. Other risk factors are multifetal pregnancy,hydramnios.

4) Maternal Complications

PPH	15	18.75%
AKI	12	15%
DIC	5	6.25%
Hysterectomy	3	3.75%
Pulmonary edema	5	6.25%
Shock	5	6.25%
Ventilatory support	13	16.25%
Mortality	2	2.5%

Table shows pregnant women with abruptio placenta were at higher risk of developing complications like PPH,AKI,DIC,shocketc

5) Mode Of Delivery And Requirement Of Blood Components

Mode of delivery	No. Of cases	Percentage
Normal	50	62.5%
Caesarean	30	37.5%

Blood component	PRBC	FFP	CRYOPRECIPITATES
No. Of cases	20	12	13
Percentage	25%	15%	16.25%

6) Fetal Outcome

Fetus	No.of cases	Percentage
Live birth	60	75%
IUD	20	25%

1. Table showing 75% are live birth,25% are IUD
2. 10 died in early neonatal period due to prematurity
3. Fetal complications include hypoxia,anemia,IUGR,prematurity,neurodevelopmentalproblems,fetal death.

Conclusion:-

1. Abruptio placenta is associated with high rate of maternal and fetal morbidity,because of this the conditions predisposing it should be carefully evaluated in order to reduce occurrence of placental abruption.
2. Antenatal care which identifies risk factors like PIH plays an important role in decreasing incidence of abruptio placenta and improving maternal and fetal outcome.
3. Regular antenatal checkups,anemicorrection,early diagnosis and identification of gestational hypertension would prevent maternal and perinatal morbidity and mortality.

References:-

1. Workalemahu T, Enquobahrie DA, Gelaye B, Thornton TA, Tekola-Ayele F, Sanchez SE, et al. Abruptio placentae risk and genetic variations in mitochondrial biogenesis and oxidative phosphorylation: replication of a candidate gene association study. Am J Obstet Gynecol. 2018;219(6):617-e1.

2. Sylvester HC, Stringer M. Placental abruption leading to hysterectomy. Case Reports. 2017;2017.
3. Miller C, Gynspan D, Gaudet L, Ferretti E, Lawrence S, Moretti F, et al. Maternal and neonatal characteristics of a Canadian urban cohort receiving treatment for opioid use disorder during pregnancy. J Develop Orig Health Dis. 2019;10(1):132-7.
4. Ananth CV, Berkowitz GS, Savitz DA, Lapinski RH. Placental abruption and adverse perinatal outcomes. JAMA. 1999;282(17):1646-51.